WORLD VISION SIERRA LEONE

EMERGENCY PRIMARY HEALTH CARE
AOT-G-00-00-00184-00

End of Project Report
(August 3, 2000 – December 31, 2005)

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TABLE OF CONTENTS

	Page
LIST OF ABBREVIATIONS	3
DATA SHEET	4
SUMMARY	5
Clinic Activities	
Community Participation	6
MCH Services	7
EPI	8
Nutrition	8
HIV/AIDS	8
Malaria	9
Workshops	10
Water and Sanitation	10
Construction	10
Impact of the Project	11
Lessons Learnt	12
Assets	13
Annex 1	
Photos	

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LIST OF ABBREVIATIONS

ADP	Area Development Programme
ANC	Antenatal Clinic
CDC	Chiefdom Development Committee
CHP	Community Health Post
CHP	Community Health Promoter
CHO	Community Health Officer
CHC	Community Health Centre
CHV	Community Health Volunteer
CRS	Cost Recovery Services
DHMT	District Health Medical Team
DMO	District Medical Officer
DPT	Diphtheria/Pertussis/Tetanus (Vaccine)
DRP	Development Relief Program
EDCU	Epidemic Disease Control Unit
EPI	Expanded Program of Immunization
FFS	Fee for Service
ITN	Insecticide Treated Net
MCHA	Maternal and Child Health Aide
MCHP	Maternal and Child Health Post
MOHS	Ministry of Health and Sanitation
NGO	Non-Government Organization
OFDA	Office of Disaster Assistance
OPV	Oral Polio Vaccine
PHC	Primary Health Care
PHU	Peripheral Health Unit
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid (Vaccine)
UNAMSL	United Nations Arms Mission in Sierra Leone
UNICEF	United Nations Children's Fund
WFP	World Food Program
WHO	World Health Organization
WVSL	World Vision Sierra Leone
WVUS	World Vision United States

DATA SHEET

Agency: **World Vision Inc. (WV US)**
Project Title: ***Emergency Primary Health Care for Kono District***
Location: 12 Kono chiefdoms: Nimiyama, Gorama. Fiama, Gbane, Nimikoro, Tankoro, Gbense, Kamara, Sandor, Soa, Sandor and Toli.
Total Target Population: 111,865 women of childbearing age and 84,020 children <5 years.
Project Duration: August 03, 2000 – December 31, 2005 (Five Years)
Total Funding USAID/OFDA: **$ 2,645,939.00**

EXECUTIVE SUMMARY

Sierra Leone just came out of a nine-year civil war that killed close to 20,000 people, destroyed thousands of villages and towns, wiped out infrastructure, derailed social assistance programs, and displaced over half of the population. The war was rooted in pervasive injustices that included poor governance, a weak civil society, grossly unequal regional economic opportunities, institutional corruption, and the absence of democratic traditions and practice. Since the end of the war, Sierra Leone has consistently ranked among the bottom five countries of the world in its human development index (HDI) measured by child and infant mortality (286 and 170/1,000 live births respectively – MOH 2005), life expectancy at birth (42 years), maternal mortality (1,800/100,000 live births), per capita income ($130 per annum), adult literacy (30% of adults).

World Vision received a grant from USAID/OFDA for a period of five years initially to support four clinics in temporary structures in hard to access settlements created by displaced communities within Kono district since October 2000. Clinics supported under this project then increased to thirty-five (35) functional health facilities either newly constructed or rehabilitated and equipped. The program's overall aim was to contribute to the reestablishment of the collapsed rural health system and improve community access to health services. This objective was largely achieved and Kono currently benefits from 61 Peripheral Health Units (PHUs) with a strong and capable DHMT in place. IRC, an International NGO, continued to support 20 out of the 61 PHUs through Child Survival Funds.

The Sierra Leone government's effort towards decentralization started with the institution of a system of democratically elected District Councils. The DMO is a member of the council committee and as a result effective mapping, including some activities, have been funded by the Council. Although the OFDA funded project under reporting ended in December 2005, WVSL continued with other interventions in seven chiefdoms under the development relief program (DRP) funded by USAID Food for Peace Office (FFP). UNICEF also continued to support WVSL with Child Survival activities in Kono district. Another complementary activity in the same area also ended in December 2005 is the UNHCR funded Water and Sanitation project.

A major achievement of the OFDA funded project is the fact that the District Health Management Team (DHMT) was able to take full responsibility of the affairs of the PHUs including supervision, training and administration, despite challenges with funding for some

activities. Recently, the World Bank started providing logistical support including vehicle and desktop computer and accessories. It is therefore legitimate to conclude that the OFDA program objectives have been achieved and that the project was sustainable.

Clinic Activities

The District Health Management Team (DHMT) and World Vision (WV) carried out monthly joint supervision visits during the initial four years of the project and in 2005 divided the district into five zones, each assigned with MOHS zonal supervisors. Additionally, three senior CHOs based in Sewafe, Garndohun and Kayima CHCs were given motorbikes to facilitate their task of overseeing clinics within their region. This continued to work very well as regular feedbacks are received during monthly meetings.

WVSL and the DHMT continued to maintain good coordination and collaboration to ensure the functionality of the Kono rural health care system. Major activities carried since inception of the project were training and workshops for all cadres of PHU staff and auxiliary community health workers such as TBAs, Women's groups, VDCs, health promoters and CDCs. The culture of information sharing during the monthly staff meetings in Koidu continued to strengthen the DHMT's and NGO (WVSL and IRC) coordination within the district. Fortunately, the GoSL started providing regular essential drugs to the district drug store to replenish clinic stock on a cost recovery basis. Every clinic pays and collects their drugs and transport to the PHUs but the task is difficult and is a challenge to remote PHU locations were commercial transports hardly reach. However, the only US funded government hospital in Koidu provides referral services to the entire district.

Community Participation

Community Development Committee (CDC) workshops contributed to supporting the rural health care delivery system. Each PHU has a management committee responsible for the overall management of the clinic and has community representatives. At village level, Village Development Committees were formed especially for 25 rehabilitated wells and construction of Fiama gravity water system. Communities played a significant role in the provision of local materials and unskilled labour for all construction activities implemented during the project implementation period. Generally, active community participation support for projects were more forthcoming among very remote communities and less so from communities in and around Koidu town, where payment was demanded for every type of community support. One key success for the achievement of 90% of community participation was the incentive provided through Food for Work (FFW) activities that in a way alleviated the hardships experienced by war-destitute communities.

The outcomes and recommendations of most community meetings that supported and shaped the project implementation of the projects were around:

- To disseminate the government policy on health care services for vulnerable groups; (The policy states that vulnerable groups should receive free drugs. Vulnerable groups are defined as pregnant and lactating women, children under the age of five, school children and the elderly. Non-vulnerable groups however, must pay for the cost of drugs).
- To maintain the registration fee of Le1,000 (Leones) per clinic visit for clinic maintenance and clinic staff support not on the government's pay role;
- To charge Le 6,000 ($2) for a baby delivery (if referred by a TBA the TBA will receive Le 4,000 ($1.3 of the fee to encourage deliveries in the clinics).

- To implements a partial cost recovery charging 40% of the cost for drugs supplied by the central medical stores at the stipulated cost recovery price for non-vulnerable groups;
- To closely monitor the government's policy on free treatment for vulnerable groups.

Most of the initial problems observed during implementation included:

1. Drug supplies were low in PHUs due to delayed arrival drugs. It also appears that some clinics run a parallel system treating patients on the side and/or selling drugs, showing drug counts on paper higher than in reality.
2. Vaccinators are asking mothers for Le 500 – 1,000 for each under five card, resulting in some mothers opting for not immunizing children.
3. The Roll Back Malaria (RBM) program provided IPT package to pregnant women and also free ITN to children receiving DPT3.
4. EPI services were maintained on solar refrigerator systems to keep the cold chain rather than the former gas supply system which was irregular, mostly due to unavailability of gas in Sierra Leone.

The recognition and formation of women's groups boast community efforts in most locations. For instance, over two hundred women turned at the Kanekor clinic construction site to do the site clearing, transport stones and sand etc. This undertakings linked up the women who are the most vulnerable group in the community and helped them understand the importance of health care services. Women's groups also carried out Community Growth Monitoring Promotion (CGMP) within their villages for monthly self-assessments of the nutritional status of their babies. During this time, basic health promotion messages were also delivered around the prevention of diarrhea, pneumonia and malaria. The importance of exclusive breastfeeding for six months was also emphasized in the women's groups and at the health facilities.

A total of 273,014 clinic consultations were carried out, average of 54,603 per year. on average, the following common morbidity causes were reported: malaria 29%, which remained the leading cause of illness in Kono district, followed by ARI/pneumonia 14%, diarrhea/dysentery 5%, anemia 5%, and STI 5%. Tetanus Toxoid immunization continued to be carried out targeting pregnant women and women of childbearing age. WV participated in the 10-day measles immunization campaign in Kono in 2004. Over 90% of the targeted children were immunized. A total of seven cases of Laser Fever were reported in Kono district with a high fatality rate.

A total of 35 constructed clinics are functional: Njagbwema Nimikoro, Njala, Njagbwema Gorama, Tombodu, Sukudu, Njagbwema Fiama, Gandorhun, Bumpe, Wordu, Yormandu, Kanekor, Kayima, Baiama, Sandia, Peyima, Tefeya, Ngo Town, Massabendu, Sewafe, Kangama, Koaquima, Masundu, Boroma, Kainsay, Koakor, Kainkordu, Kombayendeh, Bandasuma, Kpetema, Kocheror, Gbongongor, and Swaray Town.

The clinics were given drugs and equipment by UNICEF and occasional Gifts-in-Kind in the form of pharmaceuticals and medical supplies were donated by WVUS. World Vision funded the construction of nine clinics and 30 incinerators at various health facilities.

MCH Services:

Safe-motherhood services rendered by the MOHS in Kono district collapsed due to the long protracted civil conflict that destroyed health facilities, displacing MCH Aides who provided the services in the clinics. The regular refresher training courses for TBAs which was supposed to happen every six months did not take place for over 10 years also as a result of the war. Formerly trained but now long unsupervised TBAs became village doctors, gave injections, prescribed medications for patients - though these practices were not defined under the functions of TBAs -

all as a coping mechanism in the absence of trained personnel. Mother-child Health remained a priority component of WVSL interventions throughout the five years of operations.

MOHS and UNICEF collaborated with WVSL to improve, strengthen and make functional safe-motherhood services available, by training and posting the much need MCH Aides to the PHUs, equipping the health facilities with basic midwifery instruments, refresher training of MCH Aides, providing basic and refresher training to TBAs, as well as TBA kits. This process started with four clinics around the Kenema – Kono borders in 2001. As the disarmament process of combatants commenced, WVSL, in collaboration with the DHMT, stepped up the MCH services by introducing mobile clinics during which Tetanus Toxiod vaccine was administered to pregnant women. At the same time, identification and registration of trained and untrained TBAs was in progress. In total, a cumulative number of 700 TBAs were trained throughout the 14 chiefdoms of the entire district. All TBAs received refresher training on pre and post-natal care, care of newborns, and management of cases before referrals.

Overall, a total of 9,168 live births were conducted at both clinic and TBA houses. One hundred and eighty-eight (188) still births occurred with 79 neo-natal deaths. Confirmed maternal deaths that took place were 14. Most of the maternal deaths throughout the five years were caused by retained placenta, post-partum hemorrhage and delayed referral from TBAs and remote clinic facilities. Sometimes families refuse medical advice on referral due to lack of funds for transportation, fear of high costs for drugs and hospital bills. During ANC (pregnant women) visits to the clinic, pregnant women received free IPT kits (comprising iron tablets, malaria prophelacix and ITN) from UNICEF.

EPI:
UNICEF provided EPI cold chain equipment in 30 of the 35 PHUs supported by WV. The cold chain equipment included solar refrigerator panels in very remote clinic locations in the district. The solar option was found to be economical and sustainable since the previous gas supply was irregular. Now Kono is one of the leading districts in the delivery of organized Primary Health Care services. No outbreak of immunizable disease was reported.

WVSL participated in the National Immunization Day (NID) campaign to eradicate poliomyelitis amongst <5 children since 2000. WVSL supported these annual events with logistics including fuel and vehicles and also with personnel who assisted in supervision. Vaccinators and other health personnel carried out the vaccination activities. During the 2005 campaign, NID was carried out together with de-worming and vitamin A supplementation to children between the ages of 6 – 59 months.

Vaccinators without a clinic cold chain service access vaccines from the nearest clinic location for a day's worth supply. Since most vaccinators were not on payroll, it was reported that some of them charged mothers the sum of Le 500 ($0.25) for <5 immunization card meant to be given free. This incident was discovered during the World Vision's general health/agriculture survey. It remained a challenge to employ vaccinators into MOHS. However, UNICEF still promotes free EPI services. Community educations also disseminated awareness to EPI services over the local FM radio stations.

WV purchased 40 bicycles using private funding to provide vaccinators with transportation to conduct outreach activities as an incentive. The bicycles were distributed in October 03. World Vision also gave each vaccinator a raingear and two t-shirts identifying their occupation to elevate their prestige in the community.

Nutrition
Growth Monitoring Promotion (GMP) was carried out among the <5 population in 35 clinics and within community women's groups. The women's groups come together to weigh their babies for nutritional assessment for appropriate action. An average of 3% of the children monitored fell below the < 70% - severe malnutrition, 10% in the < 80% - moderate malnutrition and 87% well nourished. A total of 20 women's groups established vegetable gardens under the supervision of WV agricultural personnel. Harvested products are used for cooking demonstrations to address the importance of good nutrition among the <5 population and pregnant women. A total of 20 goats were distributed amongst the women's groups for rearing as a way to supplement nutrition w/ protein and promote economic empowerment among rural women.

HIV/AIDS Prevention
HIV/AIDS prevalence is increasing in Sierra Leone. The recent National Survey indicates 1.5% contrary to the IRIN 2004 figure of 7% national HIV/AIDS prevalence. Because of this troubling result, WVSL has decided to put emphasis on HIV/AIDS prevention education. One full-time staff was posted to Kono to organize and conduct HIV/AIDS prevention education programs. Initially the participation of youths was a challenge. As a way to overcome that, WV constructed an HIV/AIDS Youth Centre that is now fully utilized for youth meetings, workshops, and entertainment events. It is also rented to other agencies as a way to raise cash for the Youth Fund. Competitive activities amongst students contributed to HIV/AIDS peer education process and awareness. The World AIDS Day, December 1, was commemorated through float parade, drama competition and HIV/AIDS film shows with over 1,000 in attendance each year. A radio panel discussion was carried out to sensitize the populace about HIV/AIDS.

To attract the interest of the youths, the project worked with young musicians at the Music Academy in Freetown and developed HIV/AIDS songs to discourage stigma and discrimination, and promote knowledge amongst the youths. Also, other IEC materials including HIV/AIDS posters were distributed and displayed in vocational training institutions. During the relief phase, HIV/AIDS prevention messages were given to IDPs whilst they awaited food rations distributions. HIV/AIDS talks/role play on prevention messages were carried out to a cross section of K-TEC vocational institution, during their certification.

HIV/AIDS sensitization talks on how to prevent MTCT were given to a total cumulative number of 700 TBAs during their basic and refresher training and certification. HIV/AIDS talks were given to mothers during ANC and <5s clinics. HIV/AIDS film shows were carried out within four communities were the existence of HIV was argued. Most times condoms were distributed amongst communities on request, although securing a regular supply was a challenge.

HIV/AIDS awareness messages were given to child miners, ex-combatants and adoptee attending various institutions, during meetings with WV Child Protection Program (CPP). Also, HIV/AIDS prevention education was targeted to faith based leaders to reduce the already major issue of stigma and discrimination within communities worsened by some misguided sermons relating HIV/AIDS to God's judgment for sin.

Malaria
Roll Back Malaria activities were implemented including distribution of 6000 ITNs (Perma-Net LLIN) distribution to women and children through community women's groups. Before the purchase of the LLINs, mosquito nets were dipped in chemical. This action was repeated every six months. Communities were sensitized and trained to conduct RBM self-assessment using a tool developed by the Roll Back Malaria Secretariat. Nonethesless, malaria continued to be the

leading cause of morbidity and mortality, especially amongst <5s throughout the five years. The women's groups took the lead in the malaria prevention campaign.

Most of the communities in Kono district continued to request additional supplies of ITNs. UNICEF continued to provide ITNs as part of the IPT package for pregnant through the clinic facility. The DHMT remained in charge of all ITNs distributed in the clinics free to children receiving DPT3 vaccine and to pregnant women at first attendance to the clinic. Posters on use of ITNs and IPT during pregnancy were distributed and displayed in the clinics.

World Vision Health Program Manager was selected by the MOHS to be trained together with one NMCP personnel as RBM Country Facilitators in Mombassa, Kenya, in July and attended the RBM conference in Cameroon on behalf of Sierra Leone. Outcomes of the RBM workshops were shared with the Manager of NMCP and the Deputy Minister of Health back in Sierra Leone. So far, DHMT members from various districts within the country have been trained in the use of the RBM self-assessment tool geared towards malaria competence.

Water and Sanitation

Two new gravity systems were constructed in Makor and Njagwema, Fiama chiefdom. The Dams were built and two 22,000-gallon water tanks using an estimated six km of pipes. Seven villages benefit from the Makor system. The Township of Njagbwema receives water from the second system. The Bongema gravity system was an extension of the Njala gravity system now serving over 2,000 people. The Kodewakoro gravity system has been completed with 12 tap posts installed within the township, a mountainous locality where safe-drinking, potable water was extremely difficult to find. A total of 30 new wells were constructed at various clinic locations and a total of 26 old wells rehabilitated benefiting an average of 400 people per well.

Construction

A total of 35 clinic facilities were reconstructed / constructed within 12 of the 14 Kono chiefdoms:

1. Njabgwema Nimikoro CHP – New construction
2. Njagbwema Fiama CHC – Rehabilitated
3. Njagbwema Gorama CHP - New
4. Ngo Town CHP – New
5. Njala CHP - New
6. Bumpe CHC – Rehabilitated and extended
7. Boroma MCHP - New
8. Bandasuma CHP - New
9. Baiama CHC – Rehabilitated and extended
10. Gbongogor – MCHP - New
11. Kondeya CHP - New
12. Kocheror CHP - New
13. Kanekor CHP - New
14. Kpetema CHP - New
15. Kombayendeh CHC – New
16. Koquima CHC – New
17. Koakor MCHP – New
18. Kanikordu CHC - New
19. Massabendu CHC – New
20. Peyima CHP - New

21. Swaray Town MCHP – New
22. Sewafe CHC – New
23. Kangama CHC – New
24. Tefeya CHP – New
25. Tombodu CHC – Rehabilitated
26. Masundu Sandor – New
27. Kayima CHC – Rehabilitated and extended
28. Sandia CHP – New
29. Sukudu – New
30. Yormandu CHC – Rehabilitated and extended
31. Wordu CHC – New
32. Kainsay CHP – New
33. Gandorhum – Rehabilitated and extended
34. Siama – Rehabilitated by ICRC
35. Kundudu – Rehabilitated by ICRC

Training/Workshops

Workshops and technical support were carried out to benefit the following cadre of MOHS staff and community health works twice each year:

- Clinic in-charges on clinical studies, drug management and cost recovery, record keeping, RBM, HIV/AIDS, nutrition and STI management.
- MCH Aides attended refresher and ToT workshops on TBA training, refresher courses on basic midwifery, nutrition, EPI, HIV/AIDS, record keeping.
- Vaccinators received workshops on vaccination, EPI and the necessary procedure including cold chain maintenance.
- TBAs received basic and six monthly refresher training on normal deliveries and reasons for referrals.
- CDCs – attended workshops on their roles in the clinic management process.
- Women's group leaders – were taught on the importance of good nutrition and dangers of malnutrition and simple ways to detect malnutrition signs.
- VHVs – Received training on health promotion at village level.
- Built capacity of clinic supervisors through local and international workshops and conferences on health and HIV/AIDS issues.

Project Impact

The project greatly contributed to the establishment of the Primary Health Care delivery system in collaboration with the MOHS. There was no functional health facility during the commencement of the OFDA health project in 2000. Activities in health facilities were more or less around the Kenema border towns with Kono districts in hide-outs of IDPs. A modest start with four health facilities in temporary makeshift structures was followed by the introduction of mobile clinics during the easy fire and disarmament phases of the 11 years rebel war.

Later, and as peace settled in, it became easy for health personnel to return to their posts as construction permanent clinic buildings was underway and at the same time support was given to the running of clinic services in temporary structures provided by the returning community members. Training and refresher training was given to all cadre of the MOHS clinic staff at least twice a year to enhance their skills, having been without practice for over 10 years. It wasn't long before the quality of the rural health care service delivery became stable with the replacement of a weak DMO with a very strong and competent one that has continued to lead the DHMT to date.

Through experiences and lessons learnt during the project, WVSL was able to apply and received funding from UNHCR to supplement project activities such as improving water supply within most village communities. Similarly, UNICEF, who used to provide basic medical equipments and essential drugs supported the introduction of Child Survival interventions within the catchment population of the 35 PHUs.

Women became confident through their involvement in basic health care activities that focused on the improvement of children's health. They were able to weigh their children and interpret the growth monitoring codes such as for example the color red for severe malnutrition, yellow for moderate malnutrition, and green for well nourished and healthy children. Women actively participated in the projects and mentored their peers. A total of 55 women's groups (each with a membership of 30 women) were formed in the 35 PHUs in Kono district and were functional and gave support to other community women in understanding basic health issues that affects their children and themselves.

As a result of the key contribution of the OFDA project, Kono now boasts a stable Primary Health Care System with effective services ongoing including EPI, Nutrition screening, safe mother hood, availability of essential drugs and treatment of common ailments using a cost-recovery approach to maintain sustainability. Clinics are fully staffed with the right and trained personnel. The District Councils were able to inherit a functional health care system within the district on which they are effectively building a decentralized system.

Essential drugs are now available in the district store accessed by PHUs on cost-recovery basis. These drugs are provided by the central medical stores in Freetown, distributed to every district. Though the drug supply chain is still explored by the MOHS and the cost recovery system discussion underway, Kono continues to experiment with the system.

Experiences acquired in the Kono projects over the years enhanced WV's participation in a consortium of four INGOs (Care, Afircare, WVSL and CRS) to secure USAID funds to implement the Development Relief Program supporting seven districts in Sierra Leone including Kono for a three year period. WV has also joined two other NGOs (Plan International and CCF) in the design, development and submission of a proposal to USAID under the 2005 Child Survival RFA that would target mainly the Kailahun district, if approved.

Another success of WVSL's intervention in Kono district that will build on and further enhance the sustainability of the now ended OFDA grant, is the launching of the well-known WV's development programming model, the 'Area Development Program' (ADP), a 15-year program funded through child sponsorship. With support from the people of Taiwan through WV Taiwan, an ADP was initiated in fiscal year 2005 (FY05) in one of the 14 chiefdoms (Gbane). The second ADP in Kono is planned to start in FY06 in Fiama chiefdom. WV is fully committed to the development of the communities of Kono district for a minimum of 15 years, for which major efforts will continue to secure more ADPs in the district. In fact, one of the lady health supervisors is now a sponsorship supervisor in the newly formed ADP team in Gbane chiefdom, which will guarantee the quality of any health intervention within the new Area Development Programs.

Furthermore, WVSL's experience through the Kono health project contributed to the development of the WV/WFP Pilot School Feeding and HIV/AIDS Project which has just been funded through WV Hong Kong for one year. It will integrate Life skills training into the ongoing school feeding program in Kono for primary school children and teachers.

Lessons Learned:

- Regular monthly meetings with the DHMT, and clinic staff promote a stronger working relationship;
- Support for community volunteerism is difficult to achieve in a diamond rich area;
- Responsibilities of CDCs are extensive, establishment of gender balanced health committees will be beneficial to address health related issues in clinics communities;
- Poverty continues to be a challenge in the implementation of effective and functional full CRS;
- Close drug utilization monitoring by supervisors prevent misuse of drugs by clinic staff;
- Regular clinic staff's involvement to determine where and with whom they wish to work proves to be rewarding;
- The introduction of women's groups quickly facilitated their involvement and utilization of the health services;
- Solar refrigerators are suitable and cheap to maintain a cold chain in the rural communities;
- Close collaboration with the MOHS both at national and district levels promoted good working relations;
- Hiring qualified staff form within the local communities whenever available proved to be rewarding and very supportive;
- Disgruntled youths within project communities if not quickly and properly targeted and handled will pose high security risk;
- The training and refresher training of TBA reduced the number of maternal deaths and promoted clinic attendance;
- Integrated projects better address the needs of communities;
- Long-term implementation of projects enhances agency understanding of the community real needs.

Asset Disposition

List of Assets Bought with Federal Funds over the five years of the project:

Item	**Qty**	**Location and current use**
Motorcycles XL 125	**2**	**Broken and Parked in the field.**
Land cruiser	**1**	**Supporting the USAID funded DRP project implementation in Mattru.**

BB	Baseline value	FY2001 Project Level Target	FY2001 Project Level Actual	FY2001 Project Level % Target Met	FY 2002 Project Level Target	FY 2002 Project Level Actual	FY 2002 Project Level % Target Met	FY2003 Project Level Target	FY2003 Project Level Actual	FY2003 Project Level Target Met	FY 2004 Project Level Target	FY 2004 Project Level Actual	FY 2004 Project Level %Target met	FY 2005 Project Level Target	FY 2005 Project Level Actual	FY 2005 Project Level %Target met	LOA Target	LOA Actual	LOA % Target Met
rnish and equip with medical supply and drugs 20 clinics/posts to provided curative and preventive PHC services to the returning population and support staff through regular training, supervisio, and r																			
Number of clinics rehabilitated and functional	0	0	0	#DIV/0!	10	8	80%	12	8	67%	4	4	100	0	0	0	20	20	100
Number of CHVs and CHPs trained	0	0	0	0%	300	300	100%	300	300	100	250	260	104	0	0	0	850	860	101
Number of CDC trained on their roles in the rural health care.	0	0	0	0	35	35	100%	70	70	100	105	105	100	0	0	0	105	105	100
Percent of children under 5 years participating in growth promotion programs	0	0	0	0	25	15	60	50	40	80	75	65	87	75	75	100	75	75	100
Objective 2: Revitalize the EPI program including mobile clinics to increase immunization coverage in the district reaching at least 50% of the <5 years old and 50% of women (15-45years) in the target communities by the project year and support staff through regular training, supervision, and monitoring of performance.																			
Percentage <5s fully immunized.	0	0%	0	0	15%	15%	100%	25%	25%	100%	50%	50%	100%	0	0	0	50%	50%	100%
Percentage women 15 - 45 immunized.	0%	0%	0	0	15%	15%	100%	25%	25%	100%	50%	50%	100%	0.0	0.0	0	50%	50%	100%
Number of vaccinators trained.	0				20	20	100%	35	35	100	35	35	100	0.0	0.0	0	35	35	100
Number of functional EPI cold chain established.	0	0	4	#DIV/0!	10	10	100	10	8	80	2.0	2.0	100	0.0	0.0	0	20	20	100
Objective 3: Provide and improve MCH services to target population including mutritional monitoring and supplementary feeding for <5 yearts and proegnant women to reduce morbidity/mortality and support staff through regular training, supervisiopn, and monitoring of performance.																			
Number of MCH Aides received refresher training	0	20	20	100	20	20	100%	35	35	100%	35	35	100%	0	0	0	35	35	100%
Number TBAs given basic training.	0	0	0	0%	350	350	100%	150	150	100%	100	100	100%	0	0	0	600	600	100%

Number of refresher TBA training conducted.	0	0	0	0%	100	100	100%	250	250	1	150	150	100%	100	85	85	600	585	98
Number of times MCH Aides supervised.		12	8	67	12	10	83	12	12	100	12	10	83	12	12	100	60	52	87
Number of times BFVs training														200		200			
Nutrition training		0	0	0	3	3	100%	3	3	100%	2	2	100%	0	0	0	8	8	100%
MOCKY training(TOT)		0	0	0	3%	2	66	3	3	100%	2	2	100%	0	0	0	8	7	88%
Number of InCharges trained		20	20	100%	20	20	1	35	35	100%	35	35	100%	0	0	0	35	35	100%
Objective 4: Rehabilitate/construct and chlorinate at least 20 wells and 20 latrines to reduce the prevalence of of water borne dieases.																			
Number of wells rehabilitated.	0	20	20	100%	30	25	83%												
Number of latrines constructed.	0	40	20	50%	30	30	100%										50	50	100%
Number of chlorinators trained.	0	0	0	0	40	40	100%										40	40	100%
Number of new wells constructed	0	0	0	0	10	10	100%										10	10	100%
Numbe r of wells rehabilitated	0	25	15	60%	10	10	100%										25	25	100%
Number of gravity system constructed/Rehabilitated	0	1	1	100%	2	2	100%										3	3	100%